

PTO/SB/29 (10-01)

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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/694,593
Filing Date	October 23, 2000
First Named Inventor	Robert C. SMITH
Art Unit	2665
Examiner Name	Daniel J. RYMAN
Attorney Docket Number	99-317 C/P RCE 1

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. § 1.114

a. Previously submitted

- Consider the amendment(s)/reply previously filed on _____.
(Any unentered amendment(s) referred to above will be entered).
- Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- Other _____

b. Enclosed

- Amendment/Reply
- Affidavit(s)/Declaration(s)
- Information Disclosure Statement (IDS)
- Other _____

2. Miscellaneous

a. Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.117(l) required)

b. Other _____

3. Fees The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 07-2347

- RCE fee required under 37 C.F.R. 1.17(e) \$790.00
- Extension of time fee (37 C.F.R. 1.138 and 1.17) \$_____
- Other _____

b. Check in the amount of \$_____ enclosed

c. Payment by credit card (Form PTO-2038 enclosed)

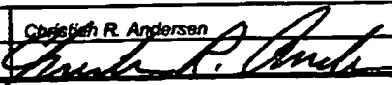
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print / Type)	Joel Wall	Registration No. (Attorney/Agent)	25,648
Signature		Date	March 7, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this document is being transmitted via facsimile to the Patent and Trademark Office on the date shown below.

Name (Print / Type)	Christian R. Andersen	Date	March 7, 2005
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES and Completed Forms to the following address: Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450.

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